

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	70200	10-18-99
O.I.P.E. CLASSIFIER		10	10-20-99
FORMALITY REVIEW	S.S.	69134	10-28-99

11

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	10/20/99
2	10/20/99
3	10/20/99
4	10/20/99
5	10/20/99
6	10/20/99
7	10/20/99
8	10/20/99
9	10/20/99
10	10/20/99
11	10/20/99
12	10/20/99
13	10/20/99
14	10/20/99
15	10/20/99
16	10/20/99
17	10/20/99
18	10/20/99
19	10/20/99
20	10/20/99
21	10/20/99
22	10/20/99
23	10/20/99
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29	10/20/99
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31	10/20/99
32	10/20/99
33	10/20/99
34	10/20/99
35	10/20/99
36	10/20/99
37	10/20/99
38	10/20/99
39	10/20/99
40	10/20/99
41	10/20/99
42	10/20/99
43	10/20/99
44	10/20/99
45	10/20/99
46	10/20/99
47	10/20/99
48	10/20/99
49	10/20/99
50	10/20/99

Claim	Date
Final Original	
51	10/20/99
52	10/20/99
53	10/20/99
54	10/20/99
55	10/20/99
56	10/20/99
57	10/20/99
58	10/20/99
59	10/20/99
60	10/20/99
61	10/20/99
62	10/20/99
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92	10/20/99
93	10/20/99
94	10/20/99
95	10/20/99
96	10/20/99
97	10/20/99
98	10/20/99
99	10/20/99
100	10/20/99

Claim	Date
Final Original	
110	10/20/99
112	10/20/99
113	10/20/99
114	10/20/99
115	10/20/99
116	10/20/99
117	10/20/99
118	10/20/99
119	10/20/99
120	10/20/99
121	10/20/99
122	10/20/99
123	10/20/99
124	10/20/99
125	10/20/99
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141	10/20/99
142	10/20/99
143	10/20/99
144	10/20/99
145	10/20/99
146	10/20/99
147	10/20/99
148	10/20/99
149	10/20/99
150	10/20/99

If more than 150 claims or 10 actions  
staple additional sheet here

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